

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 586698

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| (1) | 1 | | | | | |
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| (6) | 1 | | | | | |
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| (8) | 1 | | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
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| (13) | 1 | | | | | |
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| (15) | 1 | | | | | |
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| 17 | | 1 | | | | |
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| TOTAL DEP. | 19 | ← | | ← | | ← |
| TOTAL CLAIMS | 28 | | | | | |

PTO-1340 (REV. 11/04)

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |

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